DP

UNITED
NATIONS

Governing Council
of the
United Nations
Development Programme

Distr.
GENERAL

DP/FPA/CP/129
5 April 1993

ORIGINAL: ENGLISH

Fortieth session
1 - 18 June 1993, New York
Item 5 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Equatorial Guinea
Support for a comprehensive population programme

Proposed UNFPA assistance:	$3.35 million, of which $2.65 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $700,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1993
Executing agencies:	Government of Equatorial Guinea United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Ministry of Planning and International Cooperation

Equatorial Guinea

Demographic facts

Population (000)	
Total	352
Males	173
Females	179
Sex ratio (/100 females)	96.6
Urban	101
Rural	251
Per cent urban	28.7
Population in year 2000 (000)	452
Functional age groups (%)	
Young child: 0-4	17.3
Child: 5-14	25.0
Youth: 15-24	18.3
Elderly: 60+	6.4
65+	4.1
Percentage of women aged 15-49	23.0
Median age (years)	18.9
Dependency ratios: total	86.6
(/100) Aged 0-14	79.0
Aged 65+	7.6
Agricultural population density (/hectare of arable land)	1.5
Population density (/sq. km.)	13

Average annual change (000)	
Population increase	10
Births	16
Deaths	7
Net migration	1
Annual population total (% growth)	2.55
Urban	3.71
Rural	2.06
Crude birth rate (/1000)	43.5
Crude death rate (/1000)	18.0
Net migration rate (/1000)	..
Total fertility rate (/woman)	5.89
Contraceptive prevalence rate (% 15-44)	..
Gross reproductin rate (/woman)	2.90
Net reproduction rate (/woman)	2.07
Infant mortality rate (/1000)	117
Maternal mortality rate (/100,000)	430
Life expectancy at birth (years)	
Males	46.4
Females	49.6
Both sexes	48.0
GNP per capita U.S. dollars, 1990)	n.a.

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1992. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Development of the United Nations, World Population Prospects: 1992. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K.8). Two dots (..) indicate that data are not available.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $3.35 million, of which $2.65 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1993, to assist the Government of Equatorial Guinea in achieving its population and development objectives. UNFPA would seek to provide the balance of $700,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

2. The proposed programme is based on: (a) the findings and recommendations of the multisectoral Programme Review and Strategy Development (PRSD) mission, which visited Equatorial Guinea from 1 to 26 August 1992; (b) discussions with representatives of ministries, United Nations agencies and organizations, multilateral and bilateral assistance organizations, and non-governmental organizations (NGOs); and (c) the lessons learned from the execution of the previous programme cycle in 1990-1992. It would also be guided by the Kilimanjaro Programme of Action for African Population and Self-Reliant Development (1984), the Amsterdam Declaration (1989) and the UNFPA Strategy of Assistance to Sub-Saharan Africa (DP/1987/37).

3. The long-term goals of the proposed programme are to assist the Government in: (a) integrating and improving family planning services in maternal and child health (MCH) centres to reduce maternal and infant morbidity and mortality; (b) increasing awareness about population issues by developing and implementing a comprehensive and well-coordinated multimedia national population information, education and communication (IEC) programme; (c) strengthening the national capacity to carry out population research and to collect, process and disseminate population data and information; and (d) enhancing the status of women and promoting their participation in national development activities.

4. The immediate objectives of the proposed programme are: (a) to integrate, on a pilot basis, Safe Motherhood, including child-spacing, in MCH centres in Bata and Malabo, and to increase the contraceptive prevalence rate (CPR) to 5 per cent in these zones; (b) to encourage the Government to redraft and implement a more liberal law on family planning in accordance with World Health Organization (WHO) recommendations on Safe Motherhood and the risk approach; (c) to develop and implement a multimedia, multisectoral national IEC programme on population and related issues, especially responsible parenthood, maternal mortality, infant mortality, abortion, and adolescent fertility, among specific target groups -- namely, policy makers, government officials, opinion leaders, village councils, men and youth; (d) to improve knowledge of population issues by collecting, analysing and disseminating relevant data and by carrying out specific operational research studies; (e) to strengthen the country's institutional capacity for designing, implementing, monitoring and evaluating population activities through training; and (f) to improve the well-being of women in their reproductive and productive roles and to increase their participation in the development process.

5. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

6. According to United Nations projections, Equatorial Guinea had a 1990 population estimated at 352,000, with an annual growth rate of 2.6 per cent. At this rate, the population will double in approximately 27 years. The urban population constituted 29 per cent of the total population and was concentrated in Malabo, the capital city on Bioko Island, and in Bata, the centre for the continental region of Rio Muni. The crude birth rate was estimated at 43.5 per 1,000, and the crude death rate was estimated at 18.0 per 1,000 (1990-1995). The age group 0-14 years made up 42 per cent of the population in 1990. The infant mortality rate was estimated at 117 per 1,000 live births.

7. The total fertility rate was estimated at 5.9. The age at first marriage for women is 18.2 years. According to a 1991 survey, only 8.7 per cent of women of child-bearing age knew about one family planning method and only 6.6 per cent had ever used a family planning method. Overall, an estimated 4.3 per cent of women of reproductive age, and 7.9 per cent of urban women, use a contraceptive method (traditional or modern). Traditional methods -- abstinence, temporary separation and breast-feeding -- account for 67 per cent of all contraceptive usage.

8. In the decade following Independence in 1968, Equatorial Guinea suffered from the destruction of infrastructure, including schools and health centres, and a halt in development. Recently, however, the economy has improved, and the country is experiencing a moderate growth in gross national product (GNP) of 2.6 per cent a year. Because of income to be generated from oil, the GNP is expected to grow at approximately 6 per cent a year beginning in 1993.

9. The educational sector is facing many problems, including the lack of teachers, infrastructure, materials and financial resources. Only 56 per cent of boys and 51 per cent of girls are enrolled in primary school, and the number of drop-outs is high. Although the enrolment rate is almost equal for boys and girls, the drop-out rate from secondary school is higher among girls, particularly because of early pregnancies.

10. Attitudinal and economic constraints, high staff turnover, lack of family planning services, poor health infrastructure and the population's reliance on traditional healers rather than on the few MCH services have contributed to a precarious health situation for mothers and children. Maternal mortality is estimated at 400 deaths per 100,000 live births. Women suffer from complications arising from abortions, too many and too frequent pregnancies, bleeding and anaemia. The few medical and paramedical personnel have little knowledge of risk factors in pregnant women and newborn children. Of the country's 5 regional, 2 provincial, and 11 district hospitals, only 2 or 3 are equipped to undertake surgical operations; the remainder of the hospitals and other health facilities -- 10 health centres and 282 community health posts -- have poor physical facilities and lack equipment and trained personnel. Malaria, diarrhoea, respiratory diseases and parasites are among the principal health problems. There are few cases of acquired immune deficiency syndrome (AIDS). However, the Government has developed an AIDS prevention programme which is being carried out with assistance from WHO, UNICEF, UNDP, the European Community and Spanish Cooperation.

11. Although awareness has increased at the governmental level concerning the relationship between population and development, and between family planning and health, the Government does not promote family planning. The President's declaration at the International Conference on Population in Mexico City in 1984 advocating higher fertility and more immigration remains the official policy today. Contraceptive use is not encouraged, and official MCH centres do not provide contraceptives. Since 1986, UNFPA has encouraged the Government to take an official stand in favour of family planning. The Ministry of Health

has drafted a proposed law on pregnancy-spacing which would allow women under 18 years or over 40 years to use modern contraceptives. Women aged 18-40 would be allowed to use natural methods. To use modern contraceptives, including injectables and surgical methods, a woman would have to have authorization from her husband, partner or village council, as well as a medical prescription from a physician. UNFPA has begun discussions with the Ministry about possible modifications in the proposed law.

12. The importance of ensuring women's integration into the development process was officially recognized in 1980, with the establishment of the Office of the Secretary of State of Women's Welfare, which was transformed in 1992 into a full-fledged Ministry. However, due to the lack of human and financial resources, only a few training seminars and practical courses for artisans have been organized. Much still needs to be done to improve women's conditions and status.

13. In recent years, national authorities have become increasingly aware of the need to preserve the environment, wildlife and fishery resources. In 1991, environmental education was introduced into primary school manuals, and messages on environmental protection were broadcast over national media. The Government created a National Environment Commission. It also presented a National Policy on the Environment at the 1992 United Nations Conference on Environment and Development (UNCED) in Rio de Janeiro.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

14. UNFPA's assistance to Equatorial Guinea began in 1980. It focused on two areas -- primary health care and strengthening of the Statistical Office and Office of Planning in what is now the Ministry of Planning and International Cooperation. From 1980 to 1989, UNFPA assistance totalled $2.7 million. Following a basic needs assessment mission in 1989, the first comprehensive country programme was approved in 1990, in the amount of $2.3 million for 1990-1992. In view of the needs identified by the mission, the programme sought: (a) to improve MCH services and to promote the integration of child-spacing services into MCH activities; (b) to create awareness on responsible parenthood and the relationship between population and development; (c) to establish a Population Planning Unit (PPU) to analyse and disseminate census data; (d) to support the preparation of the second census; and (e) to improve the status and role of women. Only $1.7 million from UNFPA regular resources were expended on the programme. Multi-bilateral resources to facilitate programme implementation could not be mobilized; thus, some of the objectives -- especially awareness creation and promotion of women's status -- could not be achieved.

15. In a country that is strongly pro-natalist, population programmes have not enjoyed open support from national leaders. Population activities are sponsored largely by external assistance agencies and lack full legitimacy among religious and opinion leaders. However, as a result of UNFPA's constant dialogue with the Government and discussions with government officials during the PRSD mission, interest in population issues has increased.

Maternal and child health and family planning

16. To reduce maternal and infant mortality, UNFPA has been supporting an MCH programme since 1985. In 1988, the programme's second phase was redesigned to include family planning activities in the national network of district health services, using all categories of staff in the health system. The programme helped to train 119 health personnel in MCH; equip 24 MCH centres; construct and equip an MCH creche at Bata; renovate and equip the surgical unit at Malabo Hospital; train health staff in country and abroad;

organize study tours for the programme director and coordinators abroad; and hold a national seminar on the development of training curricula for health staff.

17. A mission that conducted an independent evaluation of the MCH/FP programme in July 1992 found that the objectives of the second phase were too ambitious and diverse, and that supervision and technical support from the executing agency were weak. Because of the involvement of other external assistance agencies in the sector, especially in MCH, the mission recommended a more focused intervention in the MCH/FP sector, with UNFPA concentrating mainly on training in family planning, operational research, the integration of family planning activities in selected urban MCH centres, and implementation of the proposed MCH/FP policy as soon as it is adopted.

Information, education and communication

18. IEC activities took place in connection with efforts to improve the civil registration system, plan the census, and carry out MCH activities. Using radio and television as well as seminars and training sessions for project personnel, the civil registration project promoted awareness of the importance of registering deaths and births. UNFPA also financed seminars organized by the Ministry of Women's Affairs and some NGOs. The Population Planning Unit carried out some sensitization activities in connection with the 1983 census.

19. No systematic approach to population IEC has been adopted. A major objective in the first programme was to establish a coherent IEC programme to raise awareness and sensitize policy makers and the public on population-development relationships. Because of resource constraints, the major activities could not be initiated.

Data collection and analysis

20. Since 1980, UNFPA has been the main source of assistance for data collection and analysis. UNFPA assistance was instrumental in the collection of information being used by the Ministry of Planning and International Cooperation and by bilateral and multilateral assistance agencies. A data processing centre was also set up. Preparations for the second population and housing census, scheduled for July 1993, began with UNFPA's contribution of $270,000 for technical advisory services, cartographic activities, training of field staff, vehicle purchase, pilot survey and analysis, and operation and maintenance costs. With UNFPA assistance, improvements in the civil registration system were initiated in 1990 in the two pilot zones of Malabo and Bata; new legislation was promulgated; personnel training was under way; and an intensive mass-media campaign of sensitization was being pursued by the Ministry of Justice and Religious Affairs. The main constraint in the execution of planned activities in the area of data collection and analysis has been the lack of trained personnel.

Population policy formulation

21. The first country programme reflected recognition of the need to develop a national resource base and to strengthen the institutional infrastructure for planning, designing and implementing population programmes as well as integrating demographic variables into development. It was realized that these steps would accelerate the process leading to the formulation of a population policy. To this end, the PPU was set up in the Ministry of Planning and International Cooperation.

22. The PPU carried out and published several in-depth analyses and also helped analyse some knowledge, attitude and practice (KAP) surveys undertaken under other UNFPA-funded activities. Seminars on the dissemination of census data also took place. One of the main objectives -- to set up an inter-ministerial committee to discuss the creation of a national population committee -- was not achieved due to the Government's lack of commitment and the lack of technical staff to carry out the task.

Women, population and development

23. The first country programme proposed to emphasize women, population and development activities by assisting with the reorganization of the Office of the Secretary of State of Women's Welfare; strengthening its capacity through training, seminars and study tours; and undertaking IEC activities directed at women. During the programme period, two seminars were conducted on women, population and law, in 1990 and 1992, and one study tour for the new Minister for Women's Affairs was carried out in June 1992. Other activities could not be undertaken because of resource constraints and the lack of trained personnel at the Ministry.

Other external assistance

24. External assistance to population activities focused mainly on the health sector, which received $9.3 million in assistance from external agencies other than UNFPA in 1990. The Spanish Cooperation Agency, the largest contributor in this field, provided approximately 66 per cent of that amount. UNICEF, WHO and UNDP are also active in the health sector as are some NGOs. UNDP is active in education and in women, population and development activities. The Spanish Cooperation Agency is also active in education and in support for the 1993 census. The French Cooperation Agency has expressed its willingness to support the 1993 census.

IV. PROPOSED PROGRAMME 1993-1997

25. The proposed second country programme is based on: (a) the observations and recommendations of the PRSD mission that visited Equatorial Guinea from 1 to 26 August 1992; (b) the experiences accumulated during implementation of the first programme; and (c) discussions with government officials and representatives of United Nations agencies and entities, multilateral and bilateral assistance agencies, and NGOs. It has been designed with particular attention to the sociocultural context of the country.

26. The long-term and immediate objectives of the proposed programme are detailed in paragraph 3 above. The programme strategy to achieve these objectives would be as follows: (a) to assist the Government in selecting MCH centres in Malabo and Bata for the integration of Safe Motherhood services, including child-spacing services, on a pilot basis into MCH services with a view to extending them to the rest of the country after an evaluation; (b) to provide the Government with technical assistance for redrafting and implementing a new law on family planning in line with the World Population Plan of Action (para. 14 (f)) and WHO's recommendations on Safe Motherhood and the risk approach; (c) to assist the Government in developing a five-year plan guiding all training activities proposed under this programme for training nationals in the region and abroad on population, development and reproductive health; (d) to assist the Government in developing a comprehensive, well-focused multisectoral population IEC strategy targeted at specific groups and based on sociocultural and anthropological research and data collected through the census; (e) to strengthen the system of data collection and analysis and research to increase the availability and use of data for planning, for IEC activities and for programme monitoring; (f) to assist the Government in organizing an inter-ministerial committee to establish the goals and framework for a national population programme and to formulate a

national population policy in the context of the third country programme; (g) to enhance the coordination of population activities among assistance agencies and among government ministries and departments; and (h) to assist in the establishment of a committee to formulate and promote a national policy for the advancement of women, using studies to be undertaken on the existing conditions of women in Equatorial Guinea.

Maternal and child health and family planning

27. Because of high maternal and infant mortality rates, the absence of official acceptance of family planning, low rates of modern contraceptive prevalence and the potential demand for child-spacing services as evidenced by many induced abortions, high adolescent fertility and a high rate of school drop-outs resulting from early pregnancies, the proposed programme would use the Safe Motherhood approach, including child-spacing, to bring such services, on a limited basis, to the urban population. Doing so would demonstrate to policy makers and the public the importance of Safe Motherhood, including child-spacing, for the health of the mother and child and the well-being of the whole family.

28. Objectives in MCH/FP would be to meet the Government's 1990 targets in the policy document "Health for all by the year 2000", namely: (a) to contribute to the reduction of maternal mortality from 400 per 100,000 live births to 350 per 100,000 by 1994, and to contribute to the reduction of infant mortality to 90 per 1,000 live births by 1994; (b) to increase the modern contraceptive prevalence rate from 2.9 per cent to 5 per cent in Malabo and Bata, the target to be revised as soon as more accurate data are available from the research activities proposed under this programme; (c) to encourage the incorporation of the Safe Motherhood Initiative into the proposed MCH policy; and (d) to redraft the proposed law on family planning. UNFPA would set as a first priority in this sector assistance to the Government to revise the proposed law on family planning.

29. To achieve the above objectives, taking into account the commitment and support provided to MCH by other external assistance agencies and organizations -- WHO, UNICEF, Spanish Cooperation and UNDP -- UNFPA assistance would aim at integrating Safe Motherhood, including birth-spacing, on a pilot basis in six selected MCH centres in the urban areas of Bata and Malabo. UNFPA would provide assistance for the training of health personnel (doctors, midwives and nurses) working in these centres to identify and manage high-risk pregnancies and to give child-spacing information and services, and for the provision of equipment, contraceptives, materials, and vehicles that would facilitate the evacuation of emergency cases to the two hospitals in Bata and Malabo.

30. The pilot programme would be systematically monitored, facilitating the extension to other parts of the country. UNFPA would assist the Government in completing the draft proposal on MCH policy while endeavouring to have the Safe Motherhood/child-spacing initiative incorporated into it. It would help to implement the proposal through the production and dissemination of guidelines and technical norms on MCH and Safe Motherhood/child-spacing as well as of manuals and norms on clinical procedures and guidelines for supervising relevant personnel.

31. UNFPA would help set up a youth counselling centre in Malabo to counsel adolescents about responsible parenthood, sexually transmitted diseases (STDs), birth-spacing, etc. A national NGO would carry out the programme. In the programme's third year, a small family planning clinic would be set up and furnished with all necessary equipment, contraceptives, documentation and IEC materials.

32. Study tours would be organized for nationals working in the MCH/FP pilot centres in Malabo and Bata to visit MCH/FP activities in Cameroon and Mali.

33. UNFPA would fund multipurpose, operational research studies with modules on such issues as Safe Motherhood (including, for example, causes of morbidity and mortality during pregnancy); abortion; adolescent fertility; and contraceptive prevalence, including knowledge, usage and preferred methods of contraception. This research would be closely supervised by the PPU, and the results used to improve the integration of family planning into MCH services and to raise awareness about interrelationships between child-spacing and mothers' health and family well-being.

34. UNFPA would collaborate closely with all external assistance agencies supporting MCH activities. Through the above activities, UNFPA would encourage the setting up of a coordination mechanism among these agencies, UNFPA and all national departments working in MCH and Safe Motherhood/child-spacing. UNFPA would provide a total amount of $1.1 million for the MCH/FP sector.

Information, education and communication

35. The main goal of UNFPA assistance in the IEC sector would be to increase the population's awareness and understanding of the effects of child-spacing on the health of the mother and child, the well-being of the family and the interrelationships between population and development. The programme would aim at: (a) enhancing the knowledge of parents, policy makers, opinion leaders, religious leaders, village councils, youth and medical practitioners about the potential consequences of population factors for sustainable development and health and, thereby, mobilizing support for population activities; (b) promoting responsible attitudes towards sexuality and fertility among youth; (c) fostering responsible parenthood by providing parents with the knowledge, skills and confidence to communicate with their children about population, health, sexuality and decision-making within the family; and (d) developing and introducing family life education into the formal education system through the Ministry of Education.

36. These objectives would be accomplished through, inter alia, assistance to the Government for formulating an overall strategy for IEC activities, which would provide the framework for organizing and implementing all IEC activities in the country. Because of the importance given to this sector in the proposed programme, and to ensure maximum impact, all available channels of communication would be used. UNFPA would assist to establish an IEC Unit in the Ministry of Radio, Television and Mass Media. This unit would have a coordinating body comprising all technical ministries involved in population-related IEC activities. The unit would receive funds for training staff in audio-visual production, organizing study tours, conducting workshops for trainers and purchasing equipment. Technical assistance would be given for training trainers locally, and selected journalists would be trained abroad on IEC delivery techniques in population. UNFPA would strengthen the capacities of NGOs active in IEC by providing support for training their staff, in country and abroad, in communication techniques and in population issues. UNFPA would also assist five television clubs in producing IEC materials on population issues and on women's reproductive rights and their socio-economic status and its impact on their health. UNFPA support would also assist the clubs in the training of personnel and the provision of equipment.

37. In the framework of MCH/Safe Motherhood activities in urban zones and the proposed youth counselling centre, specific IEC themes would be developed on abortion, adolescent pregnancy, STDs and the environment. The IEC Unit, in close collaboration with other activities funded by UNFPA and other external assistance agencies, would organize seminars, workshops and study tours for parliamentarians, policy makers,

religious leaders, and others on the rationale for Safe Motherhood/child-spacing and health, and on the need for a population policy. These efforts would provide the framework for implementing population and development activities. At the unit level, a multisectoral information and documentation centre would be created.

38. In close collaboration with the IEC Unit, the Ministry of Agriculture and Forestry would train its extension workers to deliver IEC messages on population issues. Village council leaders and health providers would also be sensitized on population issues and Safe Motherhood/child-spacing.

39. In the formal sector, the Government has expressed interest in introducing population education into primary and secondary schools. UNFPA would assist this effort by funding a pilot project and by setting up a technical committee to gather the necessary information and propose education modules that would be integrated into the curricula of secondary schools as well as technical, professional and teachers' colleges. Funds would be used to organize meetings of curriculum developers, conduct research, produce manuals and audio-visual materials, test and evaluate proposals and train teachers. UNFPA would provide a total amount of $800,000 to the IEC sector, of which $200,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis and population policy and research

40. UNFPA's strategy would be to assist the country in: (a) collecting data on population issues and improving access of policy makers, planners and researchers to these data; (b) strengthening the data collection capacity of national institutions; (c) setting up a technical interministerial committee responsible for defining elements of a national population programme to guide all population activities; and (d) creating, in the last year of the proposed programme, a national population commission to prepare the framework for a national population policy. UNFPA would assist the Bureau of Statistics with the organization and conduct of the second general population and housing census by supporting selected activities.

41. Although the PRSD mission recommended the formulation of a population policy as one of the objectives for the proposed programme, political conditions are not yet suitable for the formulation of such a policy. However, in discussing the proposed programme with the Ministry of Planning and International Cooperation, the coordinating ministry for population activities, UNFPA was requested to provide technical assistance for establishing a national coordinating body for population activities to oversee all the Government's population-related activities.

42. The PPU would be the secretariat for both the inter-ministerial committee and the national population commission. It would backstop both committees; analyse census data and research studies on such topics as Safe Motherhood, causes of morbidity and mortality during pregnancy, abortion, adolescent fertility and contraceptive prevalence; and disseminate data through seminars and workshops.

43. Human resources development is extremely important in this sector, given the high turnover of personnel. UNFPA would strengthen capacities by funding training and refresher courses abroad and locally for nationals in the fields of demography, population and development, and data processing and analysis. Technical cooperation among developing countries (TCDC) mechanisms would be used as often as possible to improve the skills of nationals. UNFPA would provide a total amount of $1.1 million for activities in this sector, of which $500,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

44. UNFPA's assistance in the women, population and development sector would be aimed at: (a) ensuring the availability of gender-specific data and research findings for IEC activities and monitoring the advancement of the status of women; (b) enhancing women's participation in population and development activities; and (c) strengthening the institutional capacity of the Ministry of Women and Social Affairs. UNFPA's inputs in this sector would be part of a larger programme under UNDP leadership.

45. In close collaboration with other external assistance agencies and organizations, such as UNICEF, UNDP and French Cooperation, UNFPA would fund and help organize a national committee to formulate and facilitate the execution and monitoring of a national policy for the advancement of women, taking into account the Safe Motherhood approach proposed in paragraph 30. To support this policy, UNFPA would include, under the operational research studies mentioned earlier, sociocultural studies on the conditions of women, including women's reproductive rights, decision-making in the family, and inheritance. The committee would also ensure that women are taken into account in all population and development activities and that data collected are gender-sensitive.

46. UNFPA would also assist the new Ministry of Women and Social Affairs in preparing a staff development plan, which will be integral to the five-year plan for training nationals on population, development and reproductive health (see para. 28). It would also assist the Ministry in building its institutional capacity through local and international training, study tours, and technical assistance to enable it to carry out its mandate. In addition, UNFPA support would help the Ministry set up a documentation centre on women's issues.

47. The proposed programme would also assist the Ministry of Women and Social Affairs, in close collaboration with the PPU, in conducting research on the high adolescent pregnancy rate and its relation to the high drop-out rate among schoolgirls. This activity would be closely coordinated with research envisaged under the Safe Motherhood programme, and the study findings would be used in formulating proposed legislation to safeguard the health of young girls attending school and also in counselling at the proposed youth counselling centre.

48. In addition, UNFPA would continue to emphasize the maximum participation of women in all phases of UNFPA-supported activities in the country, as well as in those activities funded by other external assistance agencies through a mechanism for coordinating assistance to the women, population and development sector. UNFPA would provide a total amount of $200,000 for activities in this sector.

Programme reserve

49. An amount of $150,000 has been set aside as a reserve to cover unforeseen activities falling within the context of the present programme.

Programme coordination

50. The PRSD mission recommended that the coordination mechanisms in the population sector be strengthened. The few donor agencies active in the health and population field in Equatorial Guinea also perceive this need. The Ministry of External Affairs and the Ministry of Planning and International Cooperation supervise and coordinate all external aid. They are thus responsible for the coordination of population activities. The Resident Coordinator of the United Nations system, who is also UNFPA's Representative, coordinates all external assistance activities in the population field and has set up a system of regular consultation among the different sectors in the United Nations system and with bilateral donor agencies.

51. The inter-ministerial committee on population would be the coordinating body for population matters and the link with assistance agencies. The IEC Technical Committee would ensure coordination of population IEC activities in close collaboration with the inter-ministerial committee and technical ministries. The Ministry of Health would coordinate all activities in MCH/FP. UNFPA would ensure that evaluation results and findings of population-related studies and reviews are exchanged among assistance and executing agencies.

Programme monitoring, evaluation and management

52. Because of the shortage of population professionals and the weak institutional capacity to implement and monitor population programmes, UNFPA would have to use international consultants and organizations as well as NGOs to execute its programme. This would be done in close collaboration with national counterparts who would have to be carefully selected by the Government. To strengthen the Government's capacity to monitor and evaluate population activities, the UNFPA field office would conduct workshops for national staff on project design, monitoring and evaluation. The UNFPA programme would be monitored and evaluated in accordance with standard UNFPA guidelines, including mid-term (1995) and a final review of the programme (1997).

53. The proposed programme would be closely monitored by the Country Director responsible for Equatorial Guinea, assisted by the National Programme Officer, under the general guidance of the UNFPA Representative. UNFPA will make full use of available and appropriate national and regional technical backstopping capacities, including the UNFPA Country Support Team located in Dakar, Senegal.

Financial summary

54. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $3.35 million over the five-year period 1993-1997, of which $2.65 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $700,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The following table shows how the programme areas would accommodate these two levels of funding:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	1,100,000	--	1,100,000
Information, education and communication	600,000	200,000	800,000
Data collection and analysis; population policy and research	600,000	500,000	1,100,000
Women, population and development	200,000	--	200,000
Programme reserve	150,000	--	150,000
TOTAL	2,650,000	700,000	3,350,000

V. RECOMMENDATION

55. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Equatorial Guinea in the amount of $3.35 million for the five-year period 1993-1997;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $2.65 million from UNFPA's regular resources, over the period 1993-1997;

(c) Further authorize the Executive Director to seek to provide the balance of $700,000 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Equatorial Guinea and with the executing agencies.